

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Barton</u> <u>0061</u>		2. USUAL RESIDENCE (Where deceased lived.. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar, Mo.</u>		c. CITY OR TOWN <u>Mindenmines</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hospital</u>		STREET ADDRESS (If rural, give location) <u>None</u> <u>0060</u>	

3. NAME OF DECEASED (Type or Print)  
a. (First) SARAH b. (Middle) M. c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) January 4, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 17, 1883 9. AGE (In years past birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (City and State or Foreign Country) Polk County, Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Abbott 13b. MOTHER'S MAIDEN NAME Rohda Mitchell 14. NAME OF HUSBAND OR WIFE Sankie Boyd Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mr. Sankie B. Davis, Mindenmines, Mo. ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage

ANTECEDENT CAUSES arterial Hypertension

MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 days  
5+ yrs.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 231X 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Feb. 1955, to Jan. 4, 1955, that I last saw the deceased alive on Jan. 4, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Tom T. Biehl, M.D. 23b. ADDRESS Lamar, Missouri 23c. DATE SIGNED Jan 5, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 7, 1955 24c. NAME OF CEMETERY OR CREMATORY Rose Bank Cemetery 24d. LOCATION (City, town, or county) (State) Mulberry, Kansas

DATE REC'D BY LOCAL REG. JAN 6 - 1955 REGISTRAR'S SIGNATURE Maries Korantz 14-2 25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home ADDRESS Lamar, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clarence H. Chubb*.....

Licensed Embalmer No. *347*.....

P. O. Address *Lansing, Mich.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.